



# FEE WAIVER REQUEST

PLANNING & BUILDING DEPARTMENT • COUNTY OF SAN LUIS OBISPO  
976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Assessor Parcel Number(s): \_\_\_\_\_

Total Fees Due \_\$ \_\_\_\_\_ Fees waived on previous permits \_\$ \_\_\_\_\_

**Justification: (check all that apply)**

- ☐ The proposed project will be available for use by the public at-large and is likely that the project will be used or will benefit more than the residents of the immediate vicinity.

**The project will be of obvious public benefit as evidenced by:**

- ☐ The project meets a need previously identified or recognized by the Board of Supervisors

- ☐ The project replaces another facility that previously provided public benefit

- ☐ The project provides a facility not presently available in the community

- ☐ The project has generated substantial, obvious community support

- ☐ The project would reduce other County costs or increase other County revenues

- ☐ The fees to be waived will not exceed a total of \$5,000

**Other Category of waiver:**

- ☐ Earthquake Waiver

- ☐ Veteran's exemption

- ☐ Other (Specify) \_\_\_\_\_

Attach additional information as needed to explain how project meets the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff use only:**

Fees waived by Director? ☐ Yes ☐ No Date: \_\_\_\_\_

By: \_\_\_\_\_ Letter sent: \_\_\_\_\_

Basis for Decision: \_\_\_\_\_

Amount waived (if applicable): \_\_\_\_\_

BOS Hearing Date (if applicable): \_\_\_\_\_